



Nevada State Board of Massage Therapists

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Continuing Education Form

(to Obtain Credit for **ATTENDING** a Program of Continuing Education)

Name of the Sponsor of the Program	
Title of the Presentation	
Completed number of hours awarded by the sponsor of the program	
Dates of the program attended (i.e., June 4, 2007 – June 8, 2007)	
Location of program (include street address, city, state and zip code)	
Biographical information regarding the instructor of the program (Attach documentation if available, if it is not, please write the information in the box to the right.) *	
Brief summary of the information learned and how you will use that information in your practice *	

*attach additional sheets of paper if necessary

Attach a signed copy of the certificate of completion to this page.